

1422 - CHILD MEDICAL & CHILD/FAMILY EVALUATION PROGRAM

I. INTRODUCTION

Medical and medico-legal diagnostic studies and evaluations are included as a component of Child Protective Services under the state's Social Services Block Grant (SSBG) plan. The program designated to fulfill this requirement is the Child Medical and the Child/Family Evaluation Program (CMEP/CFEP), previously known as the Child Medical/Child Mental Health Evaluation Program. The program may be reached at the address and telephone numbers below.

Child Medical/Child/Family Evaluation Program
UNC Department of Pediatrics, CB#3415
Chapel Hill, N.C. 27599-3415
(919) 843-9365 or FAX (919) 843-9368

The Division of Social Services administers the CMEP/CFEP through a contractual arrangement with the Division of Community Pediatrics at the University of North Carolina at Chapel Hill. The program is funded by a combination of Federal and State funds. No local funds are involved unless the procedures outlined in this section are not followed. Payment for diagnostic services is handled directly by the program.

The CMEP/CFEP program provides a structured system for medical and child/family evaluations in alleged cases of child abuse and/or neglect. Local physicians and psychologists, who have agreed to provide the service(s) in accordance with the program guidelines, perform evaluations of children (ages 0 through 17) at the request of county child welfare agencies. The program's professional staff has developed, and periodically updates, evaluation protocols designed to document physical and emotional symptoms in keeping with the latest research relative to significant findings. The program's professional staff provides daily telephone and written consultation to local examiners, child welfare staff, and the legal system regarding appropriate services and an interpretation of the recommendations and case findings. The program is actively involved in educational programs for medical and mental health practitioners, child welfare staff, law enforcement, juvenile judges, and the legal community. The CMEP/CFEP has served as a program model for several other states.

CMEP/CFEP services are available to all North Carolina counties. A network of local physicians and mental health examiners is organized to perform these evaluations. In those counties without a resident CMEP/CFEP provider, the services of a provider in a neighboring county should be used.

The CMEP/CFEP is designed to aid county child welfare agencies in making case decisions regarding allegations of child abuse and neglect. Both components are designed for Child Protective Services (CPS) assessment purposes only, and are not to be requested for medical treatment of children or their families. If during a CPS assessment, the child welfare staff needs an evaluation and diagnosis in order to make the case decision, the CMEP is the appropriate resource. If the child is in need of emergent treatment, the emergency room or

other medical or mental health provider is the required resource for initial evaluation and care. A referral for a CME after the emergent care is received would be appropriate.

II. THE CHILD MEDICAL EVALUATION PROGRAM (CMEP)

A. Program Description

The CMEP is a resource to county child welfare agencies in assessing medical and psychological evidence for children suspected of being physically or sexually abused or neglected. All children referred by the county child welfare agency must be the subject of a current CPS assessment of alleged child abuse and/or neglect.

The CMEP offers both *Child Medical Evaluations* (CMEs) and *Child/Family Evaluations* (CFEs). Below is a summary of the CME evaluation. For CFE information, please refer to Section III.

A CME is usually required if a child is going to receive a CFE. Cases that involve alleged sexual or physical abuse will typically involve a CME. A CME should not delay obtaining a CFE. When a decision is made to obtain a CFE, please complete the necessary paperwork to avoid delays in the investigation. Please call the main CMEP office with any questions at (919) 843-9365.

When the medical consultation needs only to obtain a medical record review, calls should be directed to the CMEP office at (919) 843-9365. The CMEP clinical staff will help with determining if a CME is necessary and assist with ensuring the necessary paperwork is sent to the office for review.

B. Objectives of CMEP Evaluations

The objectives of medical evaluations include:

- 1.) Enabling county child welfare agencies to obtain an assessment of abuse and neglect through a medical evaluation;
- 2.) Assisting county child welfare agencies and the courts in determining the most appropriate case decision; and
- 3.) Providing the county child welfare agencies with recommendations that help in determining appropriate services for the child or children.

C. Reasons for Obtaining CMEP Evaluations

CMEP evaluations are usually most helpful if they are obtained promptly after the initiation of a CPS assessment. A child welfare worker does not need prior approval

when obtaining a CME. Suggestions for when to obtain a CMEP evaluation include the following:

1.) **Acute or Chronic Physical Abuse**

- (a.) Determining the plausibility of the parent's or caretaker's explanation for any injury (e.g. bruise, wound).
- (b.) Interpreting whether bruises or marks are the result of normal childhood activities. Certain locations of bruises raise concern for abuse/neglect in young children: bruises on vulnerable areas of the body such as on the head, torso, genitalia, and buttocks.
- (c.) Understanding whether significant bruising (such as multiple or extensive bruises) are the result of normal play, a medical condition, or abuse/neglect.
- (d.) Interpreting fractures and whether they are the result of abuse and/or neglect, normal childhood activities, or a medical condition.
- (e.) Evaluating head injuries. Any concerns for a head injury in an infant or young child should be evaluated by a medical provider. This includes allegations that a child was shaken, hit, or fell and sustained head trauma. Head trauma evaluations can include children who are alleged to be victims of shaken baby syndrome (which may also be referred to as abusive head trauma, non-accidental trauma, and other terms).
- (f.) Understanding if a burn is a result of abuse, neglect/lack of supervision, or accidental means.
- (g.) Evaluating statements made to parents, teachers, or other individuals that may represent physical abuse.
- (h.) Assessing children when physical abuse was witnessed.

2.) **Neglect**

- (a.) Evaluating and interpreting developmental delays in a child.
- (b.) Evaluating and interpreting delays in a child's growth (e.g. failure to thrive).
- (c.) Evaluating allegations of Munchausen by Proxy (this may also be referred to as Pediatric Condition Falsification and Medical Child Abuse).
- (d.) Assisting with the interpretation of behavioral concerns and recommending appropriate referrals.
- (e.) Evaluating untreated or inadequately treated medical conditions which have had a negative impact on the child's overall health or physical development.
- (f.) Assessing children when an investigation of the home environment reveals a lack of basic necessities to ensure a safe and healthy environment for the child.

3.) **Sexual Abuse**

- (a.) Evaluating concerns for sexual abuse which includes fondling, penetration, and exposure to sexualized materials (e.g. pornography).
- (b.) Evaluating trauma or bleeding in the genital or rectal area.

- (c.) Diagnosing and interpreting sexually transmitted diseases in prepubertal and post-pubertal children.
- (d.) Assisting with evaluation of children who have sexualized behaviors including those who put foreign objects in the vagina, urethra, or rectal cavity.
- (e.) Interpreting statements made by children to a caregiver, teacher, or other individual regarding possible sexual abuse.
- (f.) Evaluating for pregnancy.
- (g.) When obtaining an examination for acute concerns of sexual abuse (e.g. within 72 hours of the last abuse episode), it may be recommended to take the child to an emergency room for a sexual assault evidence collection kit. This type of exam is NOT a CME. However, a CME can assist with interpreting the findings and impressions of this exam if records are available for review at the time of the CME.

D. Contents of the CMEP Evaluation

The CMEP evaluation is designed to respond to the specific questions asked by the referring **county child welfare agency**. The child welfare staff should provide information regarding the child's presenting problems, the child's health and family history, the precipitating incident and the specific questions to be addressed by the physician.

The evaluation report will contain the following information:

- 1) A summary of the relevant aspects of the medical history.
- 2) The results of an interview with the child, whose age and developmental level will allow for a diagnostic interview to be performed.
- 3) The results of a thorough physical examination. In cases of sexual abuse, this may include photo-documentation of the ano-genital exam with a colposcope or a digital camera.
- 4) Any significant physical exam findings, their interpretation, and whether they represent signs of abuse and/or neglect.
- 5) Any concerning or unusual responses from the child and/or non-offending caregiver present for the examination.
- 6) A determination as to whether the conditions or injuries that are present could have:
 - a) resulted from the causes alleged by the parents or caretakers or b) be the result of other medical or non-abusive conditions.
- 7) A determination as to whether any current condition or past injuries are/were the result of abuse and/or neglect.

E. Parental Consent or Court Order Required

The parent or legal guardian of the child or children **must** give **written** consent prior to the CMEP evaluation or a court order authorizing the county director to consent to the evaluation must **be obtained prior to the CMEP evaluation** and attached to [DSS-5143](#). (See Family Services Manual, [Volume I, Chapter VIII, Section 1414](#) for procedures to obtain court order.)

To obtain the parent's or legal guardian's consent for a CMEP evaluation, the **child welfare worker** should focus initially on the welfare of the children and the benefits of the evaluation. If more encouragement is needed, the **child welfare worker** can emphasize:

- 1.) That the evaluation can be helpful in ascertaining the facts as they relate to the reported incident and the parents' or caretaker's explanation of the incident;
- 2.) That the evaluation is free to the parent when performed by a participating CMEP physician;
- 3.) That the presence of other physical problems unrelated to the report may be detected.

F. CMEP Providers

The medical providers performing the CMEs for this program consist primarily of Pediatricians, Family Physicians, Nurse Practitioners, and Physician Assistants¹. These physicians have agreed to provide services and to appear in court, if necessary. A list of participating CMEP providers may be obtained by calling the CMEP/CFEP office at (919) 843-9365.

The CMEP provider will, within reasonable limits, be available to perform evaluations. If for some reason a provider is unavailable, then he/she will notify the CMEP of the period of time he or she will be unavailable. If a CME provider is not available when needed, the **child welfare worker** is encouraged to call the CMEP office for suggestions about alternative providers.

G. Referral for CMEP Evaluation

- 1.) The **child welfare worker** shall notify the CMEP provider that a child is being referred for evaluation and shall obtain an appointment as soon as possible.
- 2.) The **child welfare worker** shall complete the Consent/Authorization for Medical or Child/Family Evaluation [DSS-5143](#), including the consent from the parent or guardian (or copy of court order), along with the DSS director or her/his designee's signature. The **child welfare worker** must complete the DSS-5143 prior to the CMEP evaluation, and no CMEP provider should perform an evaluation without this authorization.
- 3.) The **child welfare worker** should provide the examiner with data on the child, including:
 - Relevant information given by the reporter. This may be supplied verbally or in writing. To avoid errors, it is encouraged to have this in writing;
 - Prior history of CPS involvement;
 - Details of the incident which precipitated CPS involvement;

¹ An emergency room evaluation by a SANE (Sexual Assault Nurse Examiner) is not a CME.

- The child's customary health care provider;
 - Information about parent-child interaction which is relevant to the presenting problem; and
 - Results of the interview, if conducted, by the CPS worker and/or forensic worker with the child.
- 4.) The non-offending parents, guardians, or custodians should be encouraged to accompany the child to the evaluation. If not present for the appointment, contact information should be provided to the CME provider to ensure the ability to obtain a medical history, developmental history, and address any other concerns. The **assigned child welfare worker** should accompany the family to the CME appointment in order to assure that appropriate information is available to the examiner. Please note: offending caregivers are not permitted to attend CMEs.
- 5.) **Child welfare staff** shall give the CMEP provider a copy of the DSS-5143 prior to or at the time of the evaluation. In addition, the **child welfare worker** shall provide information regarding the child's eligibility for Medicaid. In order to maximize the use of available funds, the CMEP program is billed for evaluations only when Medicaid funds are unavailable.
- 6.) A post-evaluation conference provides the **child welfare worker** an opportunity to have the examiner interpret the findings from the evaluation and to make recommendations for follow-up. In some instances it may be useful to include in the conference other professionals who would be helpful in planning ongoing services to the family. Post-evaluation conferences should occur at the end of the CME. If CPS desires any additional communication, such as attendance at conferences with other professionals, CPS will need to discuss the requests directly with the CME provider.

III. CHILD/FAMILY EVALUATION PROGRAM (CFEP)

A. Program Description

The Child/Family Evaluation Program (CFEP) is another resource available to **county child welfare agencies** to aid in the assessment of child abuse and/or neglect. This component is designed to provide an assessment for those children exhibiting symptomatology believed to be related to emotional abuse. It can also be utilized in cases involving other forms of abuse and/or neglect in which there is evidence of significant emotional damage. CFEP providers may only evaluate children referred and authorized by a **county child welfare agency**. All children referred by the **county child welfare agency** must be the subjects of a current CPS assessment of alleged abuse or neglect.

B. Objectives of CFEP Evaluations

The objectives of CFEP evaluations include:

- 1.) Enabling the county child welfare agency to obtain an additional diagnostic assessment for complex abuse and/or neglect cases, including those in which there is a significant issue of possible emotional abuse;
- 2.) Assisting the county child welfare agency and the courts in determining the most appropriate case decision;
- 3.) Providing the county child welfare agency with guidelines that help in determining appropriate services for the child or children.

C. Contents of the CFEP Evaluation

The CFEP evaluation is designed to respond to the specific questions asked by the referring county child welfare agency. The child welfare worker should provide information regarding the child's presenting problems, family history and relationships, the precipitating incident, and the specific questions to be addressed by the examiner.

The evaluation report will contain the following information:

- 1.) Child
 - (a.) The relationship and attachment of the child to the parents and/or caretakers.
 - (b.) Evidence of dysfunctional behavior.
 - (c.) Symptoms of emotional disorder, with formulation of DSM IV diagnosis, when appropriate.
- 2.) Parents and Family
 - (a.) A behavioral description of observed parent-child interaction.
 - (b.) Symptoms of emotional disorders, including formulations of DSM IV diagnoses, when appropriate.
 - (c.) Current stressors and level of stress.
 - (d.) Ability to protect the child and risk of continued maltreatment.
- 3.) Other Information

The child welfare worker should provide as much of the following information as possible in order to assist in the preparation of the report.

- a) County child welfare agency case record information on family demographic data, presenting problems and circumstances, history of abuse and/or neglect, and responses to interventions.
- b) Results of relevant prior evaluations by agencies or other professionals, including public or private mental health providers, medical examiners, the Children's Developmental Services Agency (CDSA), etc.

D. Parental Consent or Court Order Required

The parent or legal guardian of the child or children **must** give **written** consent prior to a CFEP evaluation or a court order authorizing the county director to consent to the evaluation must be **obtained prior to the CMEP evaluation and** attached to the [DSS-5143](#). Parents or legal guardians are expected to participate in the evaluation.

E. CFEP Providers

All examiners for the **child/family** component of the program must be licensed psychiatrists or licensed practicing psychologists. These examiners have agreed to provide services and to appear in court as necessary, as specified in the CFEP Guidelines. A listing of participating examiners for **child/family** evaluations may be obtained from the CMEP/CFEP office at (919) 843-9365 or FAX (919) 843-9368.

If, for any reason, the **child/family** examiner is unavailable to begin the assessment within two weeks of the referral or a more immediate assessment is needed by the **county child welfare agency**, arrangements may be made for the examination to be performed by another **child/family** examiner. The CFEP office will provide assistance, if needed, in locating another available examiner.

F. Referral for CFEP Evaluation

- 1.) The **county child welfare agency** initiates the referral by requesting CFEP approval of a child for evaluation. The Authorization of [Child/Family Evaluation Form](#) should briefly describe the case with particular attention to the criteria established for these funds and to the questions to be addressed in the evaluation. This form should be FAXed to (919) 843-9368 or mailed to the CMEP/CFEP office. Due to limitations in funding and the specific nature of the objectives of these funds, children and families to be evaluated must be pre-approved by the CMEP/CFEP.
- 2.) The CFEP will respond by FAX or return mail with an approval or disapproval.
- 3.) If approved, the **county child welfare agency** then makes arrangements with a **child/family** examiner for the evaluation.
- 4.) The **child welfare worker** shall complete the Consent/Authorization for Medical/Child/Family Evaluation [DSS-5143](#), including the **written** consent from the parent or guardian (or copy of the court order), along with the **county child welfare agency's director** or **his designee's** signature. This form and the [CFEP authorization](#) must be provided to the CFEP provider prior to the evaluation.

No CFEP provider should perform an evaluation without these authorizations.

- 5.) The parents, guardians, or custodians should be encouraged to accompany the child to the evaluation. The **assigned child welfare worker** should accompany the family in order to assure that appropriate information is available to the examiner.

- 6.) The child welfare worker shall provide information to the CFEP examiner regarding the child's eligibility for Medicaid funds. In order to maximize the use of available funds, the CFEP program is billed for evaluations only when other resources are unavailable.

G. Case Conference

When appropriate, a case conference shall be arranged by the child/family examiner. The purpose of the case conference is to present the results of the evaluation, to discuss the child welfare agency's plan for the child and the family and, where needed, to discuss recommendations for the long term treatment of the child and family. Additional participants in the case conference shall be determined jointly by the examiner and the child welfare worker.

H. Peer Review

The CMEP/CFEP reviews all reports submitted by new examiners, any report the examiner requests, and a random sampling of all other reports. The purpose of the case review is to maintain a high standard for the evaluations. Case review comments will be made by the reviewing program consultants and will be sent only to the child/family examiner.